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State of Georgia - Final Report and Termination Statement Campaign Contribution Disclosure - Statewide Elected Executive Officer

All fields must be completed and legible in order to process.

I. Report Type (Select One)	2. Filing is being made on behalf	Filing office use only		
Original	Candidate or Public Official			
Amendment	Office Held or Sought	(Include county, municipa	lity, district, post or judicial circuit)	
7 tillelidillelit	Committee Name	(, ,, , , , , ,	
Amendment #		rson Other than C	andidate's Campaign Committee	Use Earlier of Post Mark or Hand Delivered Date
3. Identifying and Co	ontact Information			•
(1)	ate or Other Than Candidate Campaign Con		(2)	
-	ate or Other Than Candidate Campaign Con	nmittee	Todo	y's Date
(3) Mailing Address	C	ity	Zip Code	
(4) Primary Contact Phone Num	and/ or			
Primary Contact Phone Nun	nber Secondary Contact	t Phone Number		
(5) If a Candidate or Pub	lia Official is there a compaign committee ((ana ar mara parsans)	to make campaign transactions, keep financi	al records of the
campaign, or file the		one of more persons)	to make campaign transactions, keep imaner	ar records or the
(6) If so is the committee	e registered with the State Ethics Commission	on? Yes	No	
(0) 11 30, 13 the committee	e registered with the State Ethies Commission	on: ies	140	
(7) If so, complete the fo	llowing: Name of Chairperson and /	on Transaction of Com-	wittee	
(Dansan Dasmansib	le for Maintaining Campaign Rec	•	muiee	
i. Person Responsib	ie for Maintaining Campaign Red	corus		
(1) Full Name				
(2) Mailing Address				
(2) Mutting Address				
(3) City, State, Zip Code				
(4)				
(4) Primary Contact Phone Num	nber			
5. TERMINATION	DATE			
State of			County of _	
Ι,	, being	g duly sworn (affiri	m), depose and say that the information i	n this report form is
complete, true, and also electronically f	correct. Further, I affirm that the content	nts in this report are	e the same as the contents in the electron	ic filing submitted, if
Sworn to and subsc	ribed before me on	, <u>20</u>	_	
Signature of	Notary Public Commiss	sion Expiration	a. Signature of Candidate b. Organization/Chairperson/Treas	urer
inv person who knowingly fails to	comply with or who knowingly violates any of the provisi	one of the Ethios in Governmen	pent Act chall be quilty of a misdamooner	
ing person who knowingly falls to	compry with or who knowingly violates any of the provision	ons of the Ethics III GOVERNI	ione roe shan of gunty of a misucincallor.	